

MISSOURI DEPARTMENT OF REVENUE

TAXATION DIVISION

P.O. BOX 3350

JEFFERSON CITY, MO 65105-3350

(573) 526-9938

TDD 1-800-735-2966

SALES/USE TAX PROTEST PAYMENT AFFIDAVIT

THIS FORM IS TO BE USED FOR FILING A SALES OR USE TAX PROTEST PAYMENT IN ACCORDANCE WITH SALES TAX REGULATION 12 CSR 10-3.552 OR SECTION 144.700, RSMo, RETURN TWO COMPLETED COPIES TO TAXATION DIVISION, P.O. BOX 3350, JEFFERSON CITY, MO 65105-3350.

A PROTEST CLAIM IS BEING PRESENTED BY:

FIRM NAME

MAILING ADDRESS

CITY, STATE, ZIP CODE

MISSOURI TAX I.D. NUMBER

TOTAL SUM

DOLLARS (\$)

PERIOD

THE AMOUNT HAS BEEN DETERMINED TO BE:

(NOTE: A COMPLETE BREAKDOWN OF EACH SPECIFIC TAX MUST BE MADE.)

TAX TYPE	TAX RATE	AMOUNT
STATE	3%	
CONSERVATION	1/8%	
EDUCATION	1%	
PARKS/SOIL	1/10%	
TOTAL		

PROTESTED FOR THE FOLLOWING REASONS:

If you pay by check, you authorize the Department of Revenue to process the check electronically. Any check returned unpaid may be presented again electronically.

I SWEAR OR AFFIRM THAT THE INFORMATION REPORTED IN THIS FORM AND ANY ATTACHED SUPPLEMENTS IS TRUE AND CORRECT AS TO EVERY MATERIAL MATTER.

SIGNATURE OF TAXPAYER OR AGENT

TITLE

DATE

NOTE: SALES TAX REGULATION 12 CSR 10-3.552 OR SECTION 144.700.3, RSMo, MUST BE COMPLIED WITH OR THE PROTEST PAYMENT WILL BE DEPOSITED TO GENERAL REVENUE.

NOTARY PUBLIC EMBOSSEER SEAL	STATE		COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS		USE RUBBER STAMP IN CLEAR AREA BELOW.
	DAY OF 20		
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)			

DOR USE ONLY

DISPOSITION

REASON

DATE _____